



COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY

Please send application to:
Department of Public Safety, Cashier's Division, 1 Ashburton Place, Room 1301, Boston, MA 02108

Application for Certificate of Competency as Inspector of Pressure Vessels

Application must be filled out in ink and accompanied with a non refundable processing fee of \$100.00

I, the undersigned, representing the _____
(Name of Company)

hereby request that _____, who is now employed by the above-
(Name of Applicant)
named Company, be examined for a Certificate as an inspector of Pressure Vessels.

(Signature)

(Date)

(Authority)

☐ (Check box if applicable) I am requesting examination accommodations due to a disability that substantially limits my ability to perform a major life activity. **You must submit the Accommodations Request Form along with the required documentation as part of this application in order for this request to be considered.**

I hereby make application for a Certificate of Competency as an Inspector of Pressure Vessels that the following statements are correct:

(Full Name)

(Date of Birth)

(Height)

(Home Address)

(Street-City-State-Zip Code)

(Birth Place)

(E-Mail Address)

(Telephone No.)

(SS No.)

My business address with the above-name Company will be at:

(Street-City-State-Zip Code)

AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION **(MASSACHUSETTS RESIDENTS ONLY)**

My signature below authorizes the Department of Public Safety to electronically access my photograph from the **Massachusetts Registry of Motor Vehicles** database solely for use on this license/registration.

MA- RMV photo release signature

BOILER CONSTRUCTION EXPERIENCE

Employers Name	Period of Employment	Employed as

BOILER INSTALLATION EXPERIENCE

Employers Name	Period of Employment	Employed as

BOILER OPERATING EXPERIENCE

Employers Name	Period of Employment	Employed as

BOILER INSPECTION EXPERIENCE

Employers Name	Period of Employment	Employed as

Date of last examination for Massachusetts Certificate: _____

A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY.

(Signature of Applicant)

PRINT LAST NAME

SOCIAL SECURITY NO.

Pursuant to Massachusetts General Laws, Chapter 22 and 520 CMR 1.00, I certify under the penalties of perjury that to my best knowledge and belief I have paid any and all outstanding civil fines owed to the Department which are required under Law.

Signature of Applicant

Date

SEND THIS APPLICATION ALONG WITH A NON REFUNDABLE FEE OF \$100.00 (BANK CHECK OR MONEY ORDER) ALONG WITH A COPY OF YOUR NATIONAL BOARD COMMISSION TO:

**DEPARTMENT OF PUBLIC SAFETY
1 ASHBURTON PL - RM 1301
BOSTON, MA. 02108-1618
ATTN: CASHIERS OFFICE**

***** DPS INSPECTOR USE ONLY *****

DATE OF EXAMINATION: _____ RESULT OF EXAMINATION: _____ PASSED

CERTIFICATE NO. _____ _____ FAILED

EXAMINING DPS INSPECTORS
